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PTO/SB/05 (1/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 4285US

First Inventor or Application Identifier Elsa A.J.M. Goulmy et al

Title THE HA-1 ANTIGEN

Express Mail Label No. EL500245792US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2.  Specification [Total Pages 42]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3.  Drawing(s) (35 U.S.C. 113) [Total Sheets 12]
4. Oath or Declaration [Total Pages ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
*[Note Box 5 below]*
    - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5.  Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Assistant Commissioner for Patents

ADDRESS TO: Box Patent Application  
Washington, DC 20231

6.  Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))
9.  37 C.F.R. §3.73(b) Statement  Power of Attorney  
(when there is an assignee)
10.  English Translation Document (if applicable)
11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
12.  Preliminary Amendment
13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
  - \* Small Entity  Statement filed in prior application, (PTO/SB/09-12)
  - Statement(s)  Status still proper and desired
14.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15.  Other: **Abstract**.....

\* A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No. PCT/NL98/00424

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

**18. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input checked="" type="checkbox"/> Correspondence address below		
Name	Allen C. Turner Trask, Britt & Rossa			
Address	P.O. Box 2550			
City	Salt Lake City	State	Utah	Zip Code
Country	U.S.A.	Telephone	(801) 532-1922	Fax (801) 531-9168

Name (Print/Type)	Allen C. Turner	Registration No. (Attorney/Agent)	33,041
Signature	01/21/00		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<b>FEE TRANSMITTAL</b> <b>for FY 2000</b>		Complete if Known	
<i>Patent fees are subject to annual revision.</i> <i>Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</i>		Application Number	500760
		Filing Date	January 21, 2000
		First Named Inventor	Elsa A.J.M. Goulmy et al
		Examiner Name	To be assigned
		Group / Art Unit	10500
<b>TOTAL AMOUNT OF PAYMENT</b> (\$345.00)		Attorney Docket No.	4285US

<b>METHOD OF PAYMENT</b> (check one)		<b>FEE CALCULATION</b> (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		3. <b>ADDITIONAL FEES</b>	
Deposit Account Number	20-1469	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
Deposit Account Name	Trask, Britt & Rossa	Fee	Fee
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17		Fee	Fee
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Fee Description	Fee Paid
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code (\$)		Small Entity Fee Code (\$)	
101 690	201 345	Utility filing fee	345
106 310	206 155	Design filing fee	0
107 480	207 240	Plant filing fee	0
108 690	208 345	Reissue filing fee	0
114 150	214 75	Provisional filing fee	0
<b>SUBTOTAL (1) (\$)</b>		345.00	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims 18 -20** = 0 X 9 = 0		Fee from below	
Independent Claims 3 -3** = 0 X 39 = 0		Fee Paid	
Multiple Dependent		0 = 0	
**or number previously paid, if greater; For Reissues, see below			
<b>Large Entity Fee Code (\$)</b>		<b>Small Entity Fee Code (\$)</b>	
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	
<b>SUBTOTAL (2) (\$)</b>		0.00	
Reduced by Basic Filing Fee Paid		<b>SUBTOTAL (3) (\$)</b>	

<b>SUBMITTED BY</b>		Complete if applicable	
Name (Print/Type)	Allen C. Turner	Registration No. (Attorney/Agent)	33,041
Signature			Telephone (801) 532-1922
		Date	01/21/2000

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